FCC FORM 5629

Lifeline Program Application Form





OMB APPROVAL EDITION 3060-0819





Mailing Address (P.O. Box Allowed) "transvent from your Gualitying Home Address Address/Apt. No. City Jane Q Sample 9304 SE Main St ZIP code State Milwaukie, OR 97222-7338 What is your full legal name? The name you use on official de Your Information Suffix (optional) (Janoilyge) All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink What is your phone number? (it) What is your date of birth? 1) | | | | | | | | to fill out this form. What are the last 4 numbers of your Social security Number (SSN)? (If you h at is your Tribal Identification What is the best way to reach you? * Tribal lands include any federally recognized indian tribe's reservation, pictolo, or colony, including former reservations in some control of the colonial state of the colon email phone text message ☐ mail Yes No Is this a temporary address? Check if you live on Tribal Lands* Check if you are qualifying through a child or dependent in your household. Only fill this section out if you are applying through a child or If so, answer the following questions: What is their full legal name? dependent. What are the last 4 numbers of your Social security Number (SSN)? (If you have one)?

If you qualify for LifeLine, you can keep your current Smartphone and we will mail you a free SIM card; alternatively you can receive a free SafeLink phone. Select which plan option you prefer. Unused minutes and data will not Carryover from month-to-month.



Keep Your Own Smartphone⁴ Receive 350 monthly minutes & unlimited texts with 1.5GB/month of FREE data for the first 3 months of service and 1GB/month

*Requires a compatible or unlocked GSM Smartphone. Most GSM smartphones are compatible.



Free SafeLink Phone Receive 350 monthly minutes & unlimited texts with 1GB/month of FREE data.

TracFone Emergency Petition Exhibit 2 WC Docket Nos. 17-287, 11-42, 09-197 November 30, 2018

2. Qualify for Lifeline	Fill out this section to household qualifies f You can qualify throu your income (you do	or Lifeline.	•	-
Qualify through a government program: Check all programs that you or someone in your household have: Supplemental Nutrition Assistance Program (SNAP) Supplemental Security Income (SSI) Medicaid Federal Public Housing Assistance Veterans Pension and Survivors Benefit Programs		(Only fill this out if you a linduding you, how many people live in your household? (steekore)	State and household size? (only check yes or no nord to your household size) 48 Contiguous State	
Tribal-Specific Programs Bureau of Indian Affairs General Assi Tribally-Administered Temporary Assfor Needy Families (TTANF) Food Distribution Program on Indiat Head Start (only households that me qualifying standard)	n Reservations (FDPIR)		\$33,885 \$39,717 \$45,549 \$51,381 \$57,213	\$38,975 \$45,684 \$52,394 \$59,103 \$65,813 \$6,710
3. Agreement I agree, under penalty of perjury, to the following statements: You must initial next to each statement.	I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form). I agree that if I move I will give my service provider my new address within 30 days. I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including: 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore. 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services). I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit. I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits. All the answers and agreements that I provided on this form are true and correct to the best of my knowledge. I know that willingly giving false or fraudulent information to get Lifeline Program benefits is puntshable by law and can result in fines, jail time, de-enrollment, or being barred from the program. My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop. I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.			
I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Nexumps and data rates may apply. Text 5TOP to end messages.	Signature What is the agent's	s full legal name?	Today's Date	:
Agent Information Answer only if a sales person submits this form		icial documents, tike your Soc	What is their d	Suffix (optional)